

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/260,796	03/01/99	380	2767	98-019-NSC

APPLICANT	JAMES P HUGHES, LINO LAKES, MN.
	<p><b>**CONTINUING DOMESTIC DATA*****</b></p> <p>VERIFIED <u>NONE</u></p> <p><u>JP</u></p> <p><b>**371 (NAT'L STAGE) DATA*****</b></p> <p>VERIFIED <u>NONE</u></p> <p><u>JP</u></p> <p><b>**FOREIGN APPLICATIONS*****</b></p> <p>VERIFIED <u>NONE</u></p> <p><u>JP</u></p>
	IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/22/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<u>JP</u> Examiner's Initials Initials				

ADDRESS	TIMOTHY R SCHULTE STORAGE TECHNOLOGY CORPORATION 2270 SOUTH 88TH STREET MS-4309 LOUISVILLE CO 80028-4309

TITLE	METHOD AND SYSTEM FOR SECURE INFORMATION HANDLING

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
\$760		



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Bib Data Sheet

CONFIRMATION NO. 6934

SERIAL NUMBER 09/260,796	FILING DATE 03/01/1999  RULE	CLASS 713	GROUP ART UNIT 2132	ATTORNEY DOCKET NO. 98-019-NSC
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APPLICANTS

JAMES P HUGHES, LINO LAKES, MN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/22/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE	INITIALS		

Verified and  
Acknowledged

ADDRESS

TIMOTHY R SCHULTE  
STORAGE TECHNOLOGY CORPORATION  
2270 SOUTH 88TH STREET MS-4309  
LOUISVILLE, CO  
800284309

TITLE

METHOD AND SYSTEM FOR SECURE INFORMATION HANDLING

FILING FEE  RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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